

## **CHAPTER II**

### ***Agency Scope and Functions***

#### **Statutory Creation of the Texas Department of Health**

The Texas Department of Health's (TDH) charge is to protect and promote the health of the people of Texas. We accomplish the charge primarily through the provision of the essential public health services. As a large agency, TDH's activities vary widely. TDH inspects food products for safety, tracks and investigates disease outbreaks, helps communities address their priorities for health improvement. Through its portion of the state's health care safety net, some TDH programs enable children and adults with special health care needs to receive medical care. TDH touches the lives of everyone in Texas.

The agency is composed of the Texas Board of Health, the Commissioner of Health, programs, and staff distributed through eight public health regions; the state headquarters in Austin; the Texas Center for Infectious Disease in San Antonio; and the South Texas Health Care Center in Harlingen (see Appendix F). Statewide, TDH has approximately 5,000 employees, a \$1.5 billion annual budget and nearly 200 illness-prevention, regulatory, and health improvement and protection programs (see Appendix B). It is one of 11 state agencies operating under the Texas Health and Human Services Commission (HHSC).

The origin of TDH lies in the establishment of the State Health Officer by the state legislature in 1879 to combat epidemics of yellow fever, smallpox, and cholera in Texas. Since that time, federal and state funding and legislation have defined the agency's responsibilities by providing resources, mandates and definitions to support public health activities.

Though too many to list, over 150 state and federal statutes grant specific authority to TDH and the Board of Health. The most salient statutes include the Texas Health and Safety Code, Chapter 11, which mandates the organization of TDH, Chapter 12 of the Health and Safety Code, which grants TDH powers and duties, and the authority to operate TDH hospitals and respiratory facilities is derived from Chapter 13 of the Health and Safety Code.

As a result of this authority, TDH encompasses varied programs and services that work in different ways. These programs and offices serve the following purposes:

- Public health expertise programs primarily perform or provide technical guidance on the essential public health services. Through these programs, TDH performs and supports a variety of services:

- Health monitoring;
  - Data management;
  - Surveillance and epidemiology (including laboratory services);
  - Health education and promotion;
  - Community mobilization;
  - Policy and planning;
  - Regulation and enforcement;
  - Community connections to personal health care;
  - Evaluation;
  - Support of public health workforce; and
  - Research.
- Condition-specific programs apply tools of public health to address diseases, medical conditions and health risks. These programs primarily consist of population-focused prevention, education and intervention efforts.
- Regulatory programs work to ensure protection of the public's health by enforcing applicable laws and rules. The primary roles of regulatory programs are to enforce health standards and to identify, monitor and prevent known health hazards. This role involves licensure, certification, registration, and regulation of: certain health professionals and facilities that provide health care services; food; medical products; the manufacturing and sale of non-medical products; and environmental hazards.
- Healthcare safety net programs either purchase health services for eligible individuals or provide health care services directly. Though the state's largest piece of the safety net – Medicaid acute care services – was transferred to the HHSC following the 77<sup>th</sup> Legislative Session, TDH still administers some health care service programs. These programs primarily include health care services for infants, children, adolescents, and women; assisting children with special health care needs and their families with gaining access to necessary medical and social services; and preventive dental and medical screenings and check-ups for children with Medicaid coverage.
- Administrative offices support internal agency operations. These offices provide support activities, such as budget management, contract management, purchasing, and human resource management.

## Policy Making Structure

The Texas Board of Health is the governing body of TDH. The board is responsible for the adoption of TDH policies and rules. Thirty-one advisory committees, along with 14 independent boards and committees, comprised of technical experts and public members, give the board recommendations on detailed program policies and rule development. The board also oversees the operation of the South Texas Health Care Center and the Texas Center for Infectious Disease.

The board is composed of six non-salaried members appointed by the governor for six-year, overlapping terms, with the advice and consent of the Senate. Four members of the board must have a demonstrated interest in the services provided by TDH, and two members must represent the public. State statute specifies that the board should meet at least once each calendar quarter. The board typically meets nine to ten times per year.

HHSC provides policy direction and guidance to TDH. HHSC must review the proposed rules of all the health and human service (HHS) agencies, and can require agencies to withdraw or amend the rules. HHSC ensures coordination of services, policy and planning among the HHS agencies.

### **TDH and the Public Health System for Texas**

TDH's statutory mandates place the agency in a central role regarding statewide public health functions, but in fact, the practice of public health occurs through the combined efforts of many diverse public and private sector parties operating at the state, regional and local levels. These include local health departments, local and state human service agencies, environmental agencies, health care providers (including private practitioners, community clinics, public and private hospitals, and other sources of health care for individuals), academic institutions, civic organizations, professional associations, advocacy groups, and elected officials and their policy-making bodies at the state and local levels. While productive partnerships sometimes exist among these groups, planned coordination to form a functional system is less frequent. Nevertheless, the people who live in particular communities and counties benefit most when their local options and their state level support exist in a clear and user-friendly manner.

TDH has taken initial steps to develop and appropriately fulfill its roles as a leader, a convener, a catalyst, and an active participant in Texas' public health system, working to support community partners and stakeholders in their own local level systems. In particular, TDH has made a priority of improving its interaction with local health departments and their governing bodies.

Through Chapters 121 and 122 of the Texas Health and Safety Code, municipalities and counties in Texas have the authority to establish and operate autonomous local health departments, public health districts, and health units if they desire. Local health departments in Texas come in a variety of shapes and sizes. There are 65 local health departments in Texas that receive state funding . These include seven city health departments, 29 county health departments, 14 city-county health departments, and 15 public health districts. There are over 80 local health departments that receive no state funding. Some of these are large, full-service departments, but most are small and provide mainly environmental services such as animal control and septic tank inspections. Approximately 150 of the 254 counties in Texas have no governmental local health presence at all. In areas

where there is no local health department, or the local health department is unable to provide all services, TDH regional offices attempt to ensure that the essential public health functions occur.

Two entities of TDH play an important role in direct health care and the control of disease: the South Texas Health Care System (STHCS) in Harlingen and the Texas Center for Infectious Disease (TCID) in San Antonio. TCID provides long-term inpatient treatment of tuberculosis (TB) to most of the counties bounded by Webb, Bexar, and Victoria. Both facilities specialize in the treatment of sensitive and multi-drug resistant TB strains and in the treatment of patients who are non-compliant with TB treatment protocols. STHCS provides inpatient TB hospitalization through a local contracted facility. Additionally, STHCS provides ambulatory surgery and outpatient health care to residents of Cameron, Starr, Willacy, and Hidalgo counties. The outpatient clinics promote preventive health care through patient education and treatment of TB, endocrinology, internal medicine, general surgery and women's services. The long-range plan for these services is important, particularly in the control of TB and in reducing the complications associated with the lack of treatment for chronic diseases.

TCID continues to provide high quality medical care and professional provider education. TCID provides inpatient services for patients with TB and other related infectious, contagious diseases and outpatient clinics for complicated TB management and Hansen's disease. Acute care services, such as surgery, intensive care, sophisticated diagnostics, and emergency care, are contracted with other settings such as the University of Texas Health Center in Tyler, the University of Texas Health Science Center at San Antonio, and University Health System and Southeast Baptist Hospital in San Antonio. Planning is nearing completion for construction of a 75-bed replacement inpatient facility and renovation of support buildings, which will be funded with up to \$17.3 million in bonds payable from TDH appropriations.

## **Public Health Services**

### **Essential Public Health Services**

TDH carries out the core services of public health mainly on a population basis. Core activities address the health of the whole population. Examples include disease control and surveillance, which are generally aimed at suppressing the rates of major infectious and non-infectious diseases in the state, health promotion, health education, and some aspects of public health law. Along with TDH, autonomous local health departments and health units, other state agencies and their local counterparts, and in some cases academic institutions and health care providers also carry out these services.

The public understands public health mainly in terms of individual services to the poor and rarely sees the core essential services (see Table 2.1). Though the duties that make up these services have been the foundation of the department's work since it was created, they only recently have been formally recognized. Texas became

the first state in the nation to codify the ten essential public health services when House Bill 1444 was adopted by the 76<sup>th</sup> Legislature and entered into Chapter 121 of the Health and Safety Code.

**Table 2.1 Essential Public Health and Health Care Safety Net Services**

<p><b>Essential Public Health Services</b></p> <ul style="list-style-type: none"> <li>• Monitor the health status of individuals in the community to identify community health problems. <ul style="list-style-type: none"> <li>◦ Health status assessment, data management</li> </ul> </li> <li>• Diagnose and investigate community health problems and community health hazards. <ul style="list-style-type: none"> <li>◦ Inspection, epidemiologic investigation, surveillance, lab services</li> </ul> </li> <li>• Inform, educate, and empower the community with respect to health issues. <ul style="list-style-type: none"> <li>◦ Health promotion, health education, social marketing, community development</li> </ul> </li> <li>• Mobilize community partnerships in identifying and solving community health problems. <ul style="list-style-type: none"> <li>◦ Community development, partnership linkage and development</li> </ul> </li> <li>• Develop policies and plans that support individual and community efforts to improve health <ul style="list-style-type: none"> <li>◦ Planning and policy development</li> </ul> </li> <li>• Enforce laws and rules that support individual and community efforts to improve health. <ul style="list-style-type: none"> <li>◦ Regulation and enforcement</li> </ul> </li> <li>• Link individuals who have a need for community and personal health services to appropriate community and private providers. <ul style="list-style-type: none"> <li>◦ Assessing health care access, outreach, case management</li> </ul> </li> <li>• Ensure a competent workforce for the provision of essential public health services. <ul style="list-style-type: none"> <li>◦ Public health workforce development</li> </ul> </li> <li>• Research new insights and innovative solutions to community health problems <ul style="list-style-type: none"> <li>◦ Develop science and practical base for new approaches</li> </ul> </li> <li>• Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community. <ul style="list-style-type: none"> <li>◦ Monitoring and evaluation of program interventions and service</li> </ul> </li> </ul>
<p><b>Health Care Safety Net Services</b></p> <ul style="list-style-type: none"> <li>• Evaluate Purchase, procure, and provide health care to individual people in need of medical services</li> <li>• Create sustainability of the services in local communities</li> </ul>

Source: Health and Safety Code, Definitions, §121.002(1)(A)-(J) (1999).

### The Health Care Safety Net

In some state governments, the department responsible for the health of citizens is called the Department of *Public Health*. In this state, however, TDH has broader responsibilities. The department's duties include both the core services of public health protection and promotion as well as the maintenance of some of the programs that help make up the state's health care safety net (see Table 2.1).

The Texas safety net works as a type of provider of last resort for those Texans eligible for benefits. Though the transfer of the administration of acute care Medicaid programs to HHSC decreased TDH's role in the health care safety net considerably, TDH programs still include Texas Health Steps (medical and dental), Medical Transportation and other federally funded programs for specific groups of low income people (mostly mothers and children) or people with specific health care problems (such as children with profound health care needs),

plus an assortment of specific services, such as Kidney Health, Adult Epilepsy, and Primary Health Care for selected populations or health care problems not covered by the federal programs.

### **Complementary Roles: Essential Public Health Services & Health Care Safety Net**

The department's essential public health services and health care safety net services complement and enhance each other. For example, in a community clinic with a stable client population, staff might identify successive cases of an infectious disease, a very high prevalence of smoking, or an extraordinary prevalence of obesity. Such findings can reveal a great deal about the health status of the community and can help focus direct prevention activities. At the other end, information gathered from population based assessments, surveillance, investigations, and evaluations in the whole community can trigger appropriate personal health care services for high-risk populations. The high death rate from diabetes mellitus in Texas's border population, for example, has brought increased emphasis in community clinics to screen individuals for this disease.

These complementary roles of providing the essential public health services and the health care safety net services emanate from TDH's budget structure, which is in Chapter 4. Goals 1 and 4 reflect primarily TDH's focus on achieving the essential public health services while Goals 2 and 3 reflect the focus on addressing the public's health care safety net needs.

### **TDH Priorities**

The TDH envisions Texas as a state with healthy people and healthy communities. Protecting, promoting and improving health in Texas is TDH's mission. The external and internal assessments in the preceding sections provided an overview of the factors affecting TDH during the 2003-2007 cycle of strategic planning. These assessments, along with TDH's past interactions with its public health partners and consumers, have informed TDH of the need to strengthen the health status of individuals and to enhance public health systems in Texas. During this strategic planning cycle, TDH has set five priorities to achieve a healthy Texas. Three priorities focus on improving the health of Texans:

- Protect Texans against vaccine-preventable diseases by improving immunization rates;
- Focus on fitness by promoting healthy eating and regular physical activity; and
- Eliminate disparities in health among population groups in Texas.

Two priorities focus on strengthening the public health system to better address health challenges:

- Improve our ability to respond to disasters or disease outbreaks whether they are intentionally caused or naturally-occurring; and
- Improve the efficiency and effectiveness of TDH business practices.

### *Health Status*

Many conditions that cause illness and premature death in Texans are preventable. That is why TDH has chosen two high impact preventive measures – improving immunization and fitness rates – to top our list of priorities.

Low immunization rates and high occurrences of overweight and obese individuals are public health problems in Texas. TDH has the challenge of increasing the immunization rates in Texas. In August 2001, the Center for Disease Control and Prevention (CDC) reported that Texas immunization rates for children under two years of age were the lowest in the United States, dropping from 47<sup>th</sup> to 50<sup>th</sup> in the nation. The purpose of TDH's *Comprehensive State Plan to Improve Immunization Levels in Texas*, issued in September 2000, is to increase immunization rates in Texas through community involvement, raise awareness and participation among medical providers and parents, and track vaccinations with data systems. Examples of the plan in action include building community coalitions, educating medical providers about the importance of immunizations, implementing the Texas' Immunization Registry called Imm Trac, and raising public awareness through "The Boots are Back – Shots Across Texas Campaign" with the goal of stomping-out childhood vaccine-preventable diseases in Texas.

Sedentary behavior and being overweight are conditions that increase the risks of heart disease and diabetes. In the U.S., over 300,000 premature deaths each year result from obesity. Over one-third of Texas adults were overweight in 2000. The prevalence of overweight children is far worse in Texas than the nation as a whole. Due to the severity of this problem, Governor Perry appointed an 11-person Advisory Committee on Physical Fitness in April 2002 to provide advice on issues relating to physical fitness. Commissioner of Health Eduardo J. Sanchez was appointed to this Advisory Committee. At TDH, the Associateship for Disease Control and Prevention and the Associateship for Family Health work to educate individuals and communities about the benefits of physical activity and nutritious diets.

### *Health Disparities*

Differences in race, ethnicity, age, and neighborhood should not mean a greater burden of disease and premature death – but it often does. TDH is committed to understanding and eliminating the disparities in health status that exist among our populations, so that every person has an equal chance for good health and long life. Health disparities are differences in the incidence, prevalence, mortality, and burden of disease that exist among various populations. Examples of these health outcomes include differences in survival following medical conditions, such as cancer, or differences in the incidence of medical conditions, such as diabetes.



In Texas, TDH is focused on improving the health status of all Texans. Within its numerous programs devoted to disease prevention and control, health disparities are routinely identified and made the focus of program activities. To strengthen these TDH activities, the 77th Legislature in 2001 passed House Bill 757, which created a statewide Health Disparities Task Force. The Task Force has the following charge: 1) to eliminate health and health access disparities in Texas among multicultural, disadvantaged, and regional populations, and 2) to reorganize TDH programs to eliminate those disparities.

In March 2002, TDH published *Health Disparities in Texas: An Epidemiologic Review of Priority Health Outcomes* assessing the level of disparities for nine priority health conditions:

- Access to health care
- Infant mortality
- Cancer
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Immunizations
- Infant mortality
- Neural tube defects
- Tuberculosis.

Eliminating health disparities in Texas requires a commitment to identify and address the underlying causes of higher levels of disease in racial and ethnic minority communities. TDH is committed to understanding the sources of health disparities and identifying strategies for removing those disparities among Texans.

#### *Enhancing Public Health Infrastructure*

The public health infrastructure imparts the means for improving and protecting the health of individuals and communities in Texas. Preparedness and response activities, long important, have become a high priority since the attacks of September 11, 2001. Ensuring a strong public health system is key to TDH's ability to protect Texans in an emergency. This strengthening includes enhancement of the public health infrastructure to be equipped to address both naturally occurring disease threats as well as intentional threats, such as bioterrorism. The best defense against any disease outbreak is a strong, flexible public health system. TDH is working with our state, regional and local partners to develop a strong and responsive system of public health preparedness.



TDH formed the Bioterrorism Workgroup (BTWG) to increase its focus on bioterrorism following the terrorist events of September 2001. This internal group of TDH staff has worked to:

- Coordinate all issues at TDH related to bioterrorism;
- Analyze and assign requests regarding bioterrorism from the Texas Homeland Security Task Force and other external entities and agencies to ensure coordination within all of the areas of TDH; and
- Direct and guide all internal teams that have been assigned to work on plans and procedures, which the BTWG reviews and communicates to the TDH Executive Team.

As a tax-supported public service agency, TDH has the responsibility to continually review and improve its business practices to assure proper stewardship of public funds. Enhancing our business practices and strengthening our state and local responsiveness to bioterrorism are two priorities for TDH. TDH's Business Improvement Plan (BIP), which was required by Rider 2 of the General Appropriations Act from the 77<sup>th</sup> Legislature, includes timelines, benchmarks and projected outcomes for the improvement of our systems and controls for finance and accounting, budgeting, contract and grant management, administrative information systems, and human resources. Our implementation of the BIP began in September 2001.

